

versity of California extends the courtesy of its clinics, which begin daily at 12 noon, for a period of three days. Physicians desiring such courtesy are given, on request, cards of admission by the superintendent of the dispensary.

Accredited Hospitals

The following accredited hospitals receive visiting physicians at operations, and furnish telephonic schedules of the day's work upon request:

Livermore—The Livermore Sanitarium.

Los Angeles—California Lutheran Hospital, Children's Hospital, Los Angeles County Hospital, St. Vincent's Hospital.

Oakland—Samuel Merritt Hospital.

San Diego—St. Joseph's Hospital.

San Francisco—Children's Hospital, French Hospital, Mary's Help Hospital, Mount Zion Hospital, St. Luke's Hospital, Southern Pacific General Hospital.

San Leandro—Alameda County Hospital.

MORE ABOUT THE FAMILY PHYSICIAN

In a consideration of the general practitioner it will be necessary to discuss the opportunities which he enjoys, and the problems and difficulties which beset him. In their work, not all general practitioners are resourceful and sure of themselves. This fault is due in some instances to inadequate early training, but in a majority of men it is due to laziness and failure to take advantage of the opportunities afforded all physicians. From the time of his graduation until he retires from work, the whole professional life of the physician affords opportunities to study morbid processes as evidenced by anatomic changes and altered function and so to manage and treat the patient that partial or complete restoration occurs—dependent, in part, on the nature of the malady. The physician who makes all possible use of his daily clinical opportunities learns something new and useful every remaining day of his professional life.

Membership in and active participation in the work of the county medical society is of great educational benefit to the physician. It affords personal contact with fellow-practitioners in the courteous discussion of medical subjects and professional problems, promotes mutual respect and good-will, and is a potent factor conducive to increased self-respect and self-reliance on the one hand, and to a decrease in the size of the hat, if imaginary megalomania makes one a nuisance to his fellows.

With due regard for the value and need of all the splendid ultrascientific laboratory and instrumental methods of physical and functional diagnosis in investigatory medical work, they are needed in the routine clinical care of not to exceed 20 per cent of all the patients of any urban or rural community. Unfortunately, many lay people have been made to believe and apparently a large number of physicians think that the routine application of the ultra-scientific methods of diagnosis is necessary in the majority of cases. The fact is that the diagnosis can be made in fully 80 per cent of all cases by a resourceful general practitioner who will efficiently use his brain, special senses, hands and an always available simple and inexpensive laboratory and instrumental equipment.

A majority of practitioners do not make written records of their patients: these are absolutely essential to accuracy in diagnosis and efficiency in practice. To obtain an efficient history and make a record require time. Many practitioners have told me they could not afford the time to do this. My own experience justifies the statement that this is a mistake. Accurately written records, brief though they be, properly filed to be available for future reference, are time-savers of the future weeks, months, and years.

The conscientious practitioner will make a careful, general physical examination of practically all

patients who seek his services. An occasional patient with a slight ailment, and especially those with slight injuries or lesions requiring surgical treatment, are exceptions. But with many patients the present complaint is often an expression of an older morbid process which has been disregarded by the patient or overlooked by the physician. Daily practice in technic and judgment is the program which every physician must follow to become a skilled diagnostician. The practitioner can gain much by observing others at work in organized clinics or by taking post-graduate courses in diagnosis, when these are available; but the efficiency of the practitioner in diagnosis is mainly dependent on his own industry and determination to make the most of his own clinical opportunities.

There is a growing custom in urban practice for general practitioners to have the routine laboratory examinations, such as urinalysis, blood estimations and other simple tests made and the results interpreted for them at the numerous available commercial laboratories. In my opinion, this is a great fault in practice; it would be quite as rational for the practitioner to depend on available organized clinics for the physical examinations and diagnosis of patients.

But whether one is a practitioner in the city or in the country, the economic conditions peculiar to each can be greatly improved by one's own efforts. The fundamental principle which each practitioner must adopt to overcome his economic embarrassment is to improve himself professionally. To accomplish this, I believe he must steadily follow the methods of clinical practice and other self-educational opportunities which I have outlined. I sincerely believe that, if he will do this, he will attract to himself a large number of patients, will receive more adequate financial reward, and will find real enjoyment in his work.

Many years ago an observing philosopher said: "The pathway to the door of the qualified man, desirous of giving honest, efficient service to the public, is worn smooth by the passage of many feet."

I believe that the preservation of the general practitioner, as the most important factor in the field of practice, is dependent, chiefly on himself. He must keep abreast of the advance of modern medical knowledge and practice, chiefly by his own efforts. If he strives to improve and help himself he will be successful; will justify his importance in the medical field, and will attract the ill and injured to his door because of his professional individual superiority as compared with men in narrower fields of practice, alone or in public or private groups.

The American family home has been and must continue to be the very foundation of this nation. Bolshevistic socialism, anarchy, and public discord cannot exist in a nation of family homes. The integrity and perpetuation of this nation is dependent chiefly on the maintenance of family life; and the continuance of the family home demands the preservation of the family physician, the general practitioner.—Frank Billings, M. D., Journal A. M. A.

The future of human civilization depends primarily upon the rearing of its children. These children will require more and more education to fit into this gradually enlarging scheme, but above all they will need health education so that they can gain personal comfort, release from suffering, and a longer period of productive life after the necessary prolonged periods required for adequate mental training. It will take at least another generation before a majority of us in any land can even think biologically. We cannot hope to control many eugenic factors, so that our efforts must be largely directed to changing the environment of the human animal.—Ray Lyman Wilbur, M. D.